

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (*If known*): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Everett

First name

Charles

Middle name

Alexander

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Emily

First name

Paige

Middle name

Alexander

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

Emily

First name

Paige

Middle name

Whitehead

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx- 5 0 5 5

OR

9xx-xx- _____

xxx-xx- 5 3 5 6

OR

9xx-xx- _____

Debtor 1
Debtor 2

Everett Emily	Charles Paige	Alexander Alexander
First Name	Middle Name	Last Name

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name _____

Business name _____

_____ - - - - - EIN _____

_____ - - - - - EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

d/b/a Coco's Delights Cookie Sales

Business name _____

d/b/a Welljuvinate

Business name _____

_____ - - - - - EIN _____

_____ - - - - - EIN _____

5. Where you live

8418 Carrie Lane

Number Street _____

Rowlett, TX 75089

City State ZIP Code _____

Dallas

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street _____

P.O. Box _____

City State ZIP Code _____

If Debtor 2 lives at a different address:

Number Street _____

City State ZIP Code _____

County _____

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street _____

P.O. Box _____

City State ZIP Code _____

6. Why you are choosing *this district* to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

This venue is convenient

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

This venue is convenient

Debtor 1
Debtor 2

Everett Emily	Charles Paige	Alexander Alexander
First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under	<p>Check one. (For a brief description of each, see <i>Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy</i> (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</p> <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13</p>		
8. How you will pay the fee	<p><input checked="" type="checkbox"/> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</p> <p><input type="checkbox"/> I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A).</p> <p><input type="checkbox"/> I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.</p>		
9. Have you filed for bankruptcy within the last 8 years?	<p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p>		
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	<p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship to you _____ District _____ When _____ Case number, if known _____ MM / DD / YYYY</p> <p>Debtor _____ Relationship to you _____ District _____ When _____ Case number, if known _____ MM / DD / YYYY</p>		
11. Do you rent your residence?	<p><input checked="" type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you?</p> <p><input type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it as part of this bankruptcy petition.</p>		

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.
 Yes. Name and location of business

d/b/a Coco's Delights Cookie Sales

Name of business, if any

8418 Carrie Lane

Number Street

Rowlett
City

TX
State

75089
ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number Street

City

State

ZIP Code

Debtor 1
Debtor 2

First Name	Everett Emily	Charles Paige	Alexander Alexander
Middle Name			Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2

Everett Emily	Charles Paige	Alexander Alexander
First Name	Middle Name	Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	<p>16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.</p> <p>16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.</p> <p>16c. State the type of debts you owe that are not consumer debts or business debts.</p> <hr/>				
17. Are you filing under Chapter 7?	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>				
18. How many creditors do you estimate that you owe?	<p><input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,000-100,000</p>	<p><input type="checkbox"/> More than 100,000</p>	
19. How much do you estimate your assets to be worth?	<p><input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input checked="" type="checkbox"/> \$500,001-\$1 million</p>	<p><input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million</p>	<p><input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion</p>		
20. How much do you estimate your liabilities to be?	<p><input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million</p>	<p><input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million</p>	<p><input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion</p>		

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Everett Charles Alexander

Everett Charles Alexander, Debtor 1

Executed on 02/12/2021

MM/ DD/ YYYY

 /s/ Emily Paige Alexander

Emily Paige Alexander, Debtor 2

Executed on 02/12/2021

MM/ DD/ YYYY

Debtor 1
Debtor 2

Everett Emily	Charles Paige	Alexander Alexander
First Name	Middle Name	Last Name

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.



/s/ Michael S. Mitchell
Signature of Attorney for Debtor

Date 02/12/2021

MM / DD / YYYY

Michael S. Mitchell

Printed name

DeMarco Mitchell, PLLC

Firm name

1255 West 15th St., 805

Number Street

plano

City

TX

State **75075** ZIP Code

Contact phone (972) 578-1400

Email address mike@demarcomitchell.com

00788065

Bar number

TX

State

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	Case number (if known) _____
	First Name	Middle Name	Last Name	

Additional Items: Continuation Page

12. Are you a sole proprietor of any
full- or part-time business?
(cont.)

d/b/a Welljuvinate

Name of business, if any

8418 Carrie Lane

Number Street

Rowlett

City

TX

State

75089

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

Fill in this information to identify your case and this filing:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number	_____		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 **Homestead**

Street address, if available, or other description

8418 Carrie Lane

Rowlett, TX 75089

City State ZIP Code

Dallas

County

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$450,000.00

Current value of the portion you own?

\$450,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→ **\$450,000.00**

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: <u>BMW</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>235i</u>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property? <u>\$28,574.00</u>	Current value of the portion you own? <u>\$28,574.00</u>
Year: <u>2016</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: <u>55000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: Last monthly payment is due on 4/24/2024	<input type="checkbox"/> At least one of the debtors and another		
<p><input checked="" type="checkbox"/> Check if this is community property (see instructions)</p>			

If you own or have more than one, list here:

3.2 Make: <u>Ford</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Transit</u>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property? <u>\$16,506.00</u>	Current value of the portion you own? <u>\$16,506.00</u>
Year: <u>2019</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: <u>40000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: Last monthly payment due on 8/11/2025	<input type="checkbox"/> At least one of the debtors and another		
<p><input checked="" type="checkbox"/> Check if this is community property (see instructions)</p>			

3.3 Make: <u>Jeep</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Liberty</u>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property? <u>\$9,399.00</u>	Current value of the portion you own? <u>\$0.00</u>
Year: <u>2016</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: <u>50000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: Vehicle was purchased by S. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is jointly titled in name of Mr. Alexander and this daughter.	<input type="checkbox"/> At least one of the debtors and another		
<p><input type="checkbox"/> Check if this is community property (see instructions)</p>			

Debtor 1	First Name <u>Everett</u>	Middle Name <u>Emily</u>	Last Name <u>Charles Paige</u>	Case number (if known) _____
Debtor 2				

3.4 Make: Jeep Who has an interest in the property? Check one.

Model: Liberty Debtor 1 only
Year: 2009 Debtor 2 only
Approximate mileage: 150000 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? <u>\$1,437.00</u>	Current value of the portion you own? <u>\$0.00</u>
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Other information:
Vehicle was purchased by R. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.

3.5 Make: Kia Who has an interest in the property? Check one.

Model: Rio Debtor 1 only
Year: 2016 Debtor 2 only
Approximate mileage: 60000 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? <u>\$5,419.00</u>	Current value of the portion you own? <u>\$0.00</u>
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Other information:
Vehicle purchased by C. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here. \$45,080.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings
Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe..... \$6,055.00

See Attached.

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

7. Electronics
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No _____
 Yes. Describe..... _____

8. Collectibles of value
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No _____
 Yes. Describe..... _____

9. Equipment for sports and hobbies
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No _____ **\$550.00**
 Yes. Describe..... Camera-\$200. Musical instruments-\$200. Golf clubs-\$150.

10. Firearms
Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No _____
 Yes. Describe..... _____

11. Clothes
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No _____ **\$650.00**
 Yes. Describe..... Clothing

12. Jewelry
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No _____ **\$1,910.00**
 Yes. Describe..... Wedding ring-\$600. 3 necklaces-\$300. 6 pairs earrings-\$1,000. Costume jewelry-\$10.

13. Non-farm animals
Examples: Dogs, cats, birds, horses

No _____ **\$20.00**
 Yes. Describe..... Debtors have two dogs as family pets. Value is primarily sentimental. Animals are not held for purposes of breeding or resale.

14. Any other personal and household items you did not already list, including any health aids you did not list

No _____
 Yes. Describe..... _____

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	Case number (if known) _____
	First Name	Middle Name	Last Name	

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here. →

\$9,185.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes..... Cash..... **\$0.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1. Checking account: **Chase Bank (ending in 9932)** **\$7.89**

17.2. Checking account: **Veritex Bank business account (ending in 7940)** **\$0.00**

17.3. Savings account: **USAA (ending in 9898)** **\$1.07**

17.4. Savings account: _____

17.5. Certificates of deposit: _____

17.6. Other financial account: _____

17.7. Other financial account: _____

17.8. Other financial account: _____

17.9. Other financial account: _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	Case number (if known) _____

Institution or issuer name: _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity: _____ % of ownership: _____

TXE Solutions, LLC Entity created in 2007 for the purpose of _____ 100 _____ \$0.00

providing HVAC & electrical services. -----

Assets of entity: Funds on Deposit @JPMorgan Chase:

Approximately \$31,422.47, Client list: value unknown, Other Tangible Assets: 2 desks (\$300.00), Printer (\$25.00), Office supplies (\$100.00), Insulation machine (\$1,000.00), 2 Dust removers

(\$100.00), Dust cleaner (\$150.00), Blower door (\$400.00), Electrical parts (\$500.00); HVAC parts (\$1,500.00) ----- Debts of Entity total \$880,712.77, including: American Express - \$500.77

BBVA - \$35,449.00 Chase - \$5,336.17 SBA EIDL Loan - \$150,000.00

Insco - \$25,937.99 Juan Cabellos - \$48,000.00 Mike Albert Leasing - \$133,552.84 Veritex Bank - \$24,687.00 Veritex Bank - \$149,067.00

Veritex Bank SBA Loan - \$308,182.00 ----- Obligations to Veritex and to the EIDL loan lender are secured by properly perfected UCC1 Financing Statements

Wow Home Services, LLC Entity created 3/16/2020 but has never _____ 100 _____ \$0.00

conducted business of any kind. The entity has no tangible or intangible assets of any kind and has no liabilities. It is therefore believed to be of no value to the bankruptcy estate.

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them.....

Issuer name: _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account: _____ Institution name: _____

401(k) or similar plan: _____

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	Case number (if known) _____
	First Name	Middle Name	Last Name	

Pension plan: _____

IRA: _____

Retirement account: _____

Keogh: _____

Additional account: _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.....

Institution name or individual: _____

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

Issuer name and description: _____

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	Case number (if known) _____
	First Name	Middle Name	Last Name	

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them....

<input type="text"/>	<hr/>
----------------------	-------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them....

<input type="text"/>	<hr/>
----------------------	-------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them....

<input type="text"/>	<hr/>
----------------------	-------

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

<input type="text"/>

Federal: _____
State: _____
Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Debtor 1
Debtor 2

Everett
Emily
First Name

Charles
Paige
Middle Name

Alexander
Alexander
Last Name

Case number (if known) _____

No

Yes. Give specific information.....

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company
of each policy and list its value....

Company name: _____

Beneficiary: _____

Surrender or refund value: _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

Debtor 1 **Everett** Charles Alexander
Debtor 2 **Emily** Paige Alexander
First Name Middle Name Last Name Case number (if known) _____

35. Any financial assets you did not already list

No
 Yes. Give specific information.....

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36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$367.22

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No
 Yes. Describe.....

--	--

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe.....

--	--

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe.....

Coco's Delights-Cookies Equipment Heat sealer-\$25. Air Brush-\$25.	
---	--

\$50.00

41. Inventory

No
 Yes. Describe.....

See Attached.	
---------------	--

\$107.00

42. Interests in partnerships or joint ventures

No
 Yes. Describe.....

Name of entity:

% of ownership:

_____ % _____

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	Case number (if known) _____
	First Name	Middle Name	Last Name	

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

44. Any business-related property you did not already list

No

Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →

\$157.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

48. Crops—either growing or harvested

No

Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

<input type="text"/>	<input type="text"/>
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52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

<input type="text"/>	\$0.00
----------------------	--------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

<input type="text"/>	\$0.00
----------------------	--------

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

<input type="text"/>	\$450,000.00
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56. Part 2: Total vehicles, line 5

\$45,080.00

57. Part 3: Total personal and household items, line 15

\$9,185.00

58. Part 4: Total financial assets, line 36

\$367.22

59. Part 5: Total business-related property, line 45

\$157.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$0.00

62. Total personal property. Add lines 56 through 61.....

\$54,789.22

Copy personal property total →

+ \$54,789.22

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$504,789.22

Debtor 1
Debtor 2

Everett Emily	Charles Paige	Alexander Alexander
First Name	Middle Name	Last Name

Case number (if known) _____

SCHEDULE A/B: PROPERTY

Continuation Page

6. Household goods and furnishings

Living room- Sofa-\$250. 3 chairs-\$30. End tables-\$30. TV-\$50. Apple tv-\$25. Lamps-\$5.	\$390.00
Dining room- Table-\$500. Chairs-\$150.	\$650.00
Kitchen- Stove-\$100. Refrigerator-\$100. Dishwasher-\$50. Microwave-\$25. Small appliances-\$100. Flatware-\$10. Dishes-\$50. Pots & pans-\$50. Stemware-\$10. Glasses-\$10.	\$505.00
Miscellaneous items- Washer-\$150. Dryer-\$150. Second refrigerator-\$50. Vacuum-\$15. Linens-\$50. Treadmill-\$50. Patio furniture-\$300. Grill-\$100.	\$865.00
Bedroom #1- Bed-\$250. Dresser-\$100. 2 night stands-\$100. Bench-\$100. TV-\$75. 2 lamps-\$50.	\$675.00
Bedroom #2- Bed-\$50. Dresser-\$40. Night stand-\$20.	\$110.00
Bedroom #3- Bed-\$40. Night stand-\$20.	\$60.00
Bedroom #4- Bed-\$150. Night stand-\$25. Lamps-\$5.	\$180.00
Bedroom #5- Bed-\$100. Dresser-\$50. Night stand-\$20.	\$170.00
Family Room- Sofa-\$200. TV-\$100. Sound system-\$50. Speakers-\$25. Bookcase-\$25. Toys-\$25.	\$425.00
Office/Den- Desk-\$100. Desk chair-\$20. File cabinet-\$50. 2 computers-\$600. Scanner-\$25. Lamps-\$10. Sofa-\$50. 2 bookcases-\$50.	\$905.00
Garage/Attic- Hand tools-\$200. Yard tools-\$50. Power tools-\$25. Ladder-\$25. Luggage-\$100. Holiday decorations-\$150.	\$550.00
Books-\$100. Paintings-\$50. Framed photos-\$20. Decoratives-\$400.	\$570.00

17. Deposits of money

Checking account: USAA (Ending in 9871)	\$358.26
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41. Inventory

Welljuvinate inventory 1 box of gloves, 1 package of alcohol wipes, 1 package of gauze squares, 1 box 0.3ml syringes	\$16.00
Coco's Delights-Cookies Inventory 10lb bag of Sugar, 10lb bag of Flour, 10lb bag of Powder Sugar, Food Coloring, Cookie cutters, Edible ink pens, Stencils, Icing tips	\$91.00

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: Homestead 8418 Carrie Lane Rowlett, TX 75089	\$450,000.00	<input checked="" type="checkbox"/> \$91,133.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-002
Line from Schedule A/B: 1.1			
Brief description: 2016 BMW 235i Last monthly payment is due on 4/24/2024	\$28,574.00	<input checked="" type="checkbox"/> \$672.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.1			
3. Are you claiming a homestead exemption of more than \$170,350?	(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1
Debtor 2

Everett
Emily
First Name

Charles
Paige
Middle Name

Alexander
Alexander
Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 2019 Ford Transit Last monthly payment due on 8/11/2025	\$16,506.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.2			
Brief description: 2016 Jeep Liberty Vehicle was purchased by S. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is jointly titled in name of Mr. Alexander and this daughter.	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.3			
Brief description: 2009 Jeep Liberty Vehicle was purchased by R. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.4			
Brief description: 2016 Kia Rio Vehicle purchased by C. Alexander (Debtors' daughter) with the proceeds of a mutual fund inherited from her Uncle. Vehicle is titled in Mr. Alexander's name only as this daughter was a minor at the time of purchase.	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.5			
Brief description: Living room- Sofa-\$250. 3 chairs-\$30. End tables-\$30. TV-\$50. Apple tv-\$25. Lamps-\$5.	\$390.00	<input checked="" type="checkbox"/> \$390.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Dining room- Table-\$500. Chairs-\$150.	\$650.00	<input checked="" type="checkbox"/> \$650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Kitchen- Stove-\$100. Refrigerator-\$100. Dishwasher-\$50. Microwave-\$25. Small appliances-\$100. Flatware-\$10. Dishes-\$50. Pots & pans-\$50. Stemware-\$10. Glasses-\$10.	\$505.00	<input checked="" type="checkbox"/> \$505.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Miscellaneous items- Washer-\$150. Dryer-\$150. Second refrigerator-\$50. Vacuum-\$15. Linens-\$50. Treadmill-\$50. Patio furniture-\$300. Grill-\$100.	\$865.00	<input checked="" type="checkbox"/> \$865.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Bedroom #1- Bed-\$250. Dresser-\$100. 2 night stands-\$100. Bench-\$100. TV-\$75. 2 lamps-\$50.	\$675.00	<input checked="" type="checkbox"/> \$675.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Bedroom #2- Bed-\$50. Dresser-\$40. Night stand-\$20.	\$110.00	<input checked="" type="checkbox"/> \$110.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Bedroom #3- Bed-\$40. Night stand-\$20.	\$60.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Bedroom #4- Bed-\$150. Night stand-\$25. Lamps-\$5.	\$180.00	<input checked="" type="checkbox"/> \$180.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Bedroom #5- Bed-\$100. Dresser-\$50. Night stand-\$20.	\$170.00	<input checked="" type="checkbox"/> \$170.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			

Debtor 1
Debtor 2

Everett
Emily
First Name

Charles
Paige
Middle Name

Alexander
Alexander
Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Family Room- Sofa-\$200. TV-\$100. Sound system-\$50. Speakers-\$25. Bookcase-\$25. Toys-\$25.</u>	<u>\$425.00</u>	<input checked="" type="checkbox"/> \$425.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u> _____ _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Office/Den- Desk-\$100. Desk chair-\$20. File cabinet-\$50. 2 computers-\$600. Scanner-\$25. Lamps-\$10. Sofa-\$50. 2 bookcases-\$50.</u>	<u>\$905.00</u>	<input checked="" type="checkbox"/> \$905.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u> _____ _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Garage/Attic- Hand tools-\$200. Yard tools-\$50. Power tools-\$25. Ladder-\$25. Luggage-\$100. Holiday decorations-\$150.</u>	<u>\$550.00</u>	<input checked="" type="checkbox"/> \$550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u> _____ _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Books-\$100. Paintings-\$50. Framed photos-\$20. Decoratives-\$400.</u>	<u>\$570.00</u>	<input checked="" type="checkbox"/> \$570.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u> _____ _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Camera-\$200. Musical instruments-\$200. Golf clubs-\$150.</u>	<u>\$550.00</u>	<input checked="" type="checkbox"/> \$550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)</u> _____ _____
Line from Schedule A/B: <u>9</u>			
Brief description: <u>Clothing</u>	<u>\$650.00</u>	<input checked="" type="checkbox"/> \$650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)</u> _____ _____
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Wedding ring-\$600. 3 necklaces-\$300. 6 pairs earrings-\$1,000. Costume jewelry-\$10.</u>	<u>\$1,910.00</u>	<input checked="" type="checkbox"/> \$1,910.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)</u> _____ _____
Line from Schedule A/B: <u>12</u>			

Debtor 1
Debtor 2

Everett Charles Alexander
Emily Paige Alexander
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Debtors have two dogs as family pets. Value is primarily sentimental. Animals are not held for purposes of breeding or resale.	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Line from Schedule A/B: 13			
Brief description: Coco's Delights-Cookies Equipment Heat sealer-\$25. Air Brush-\$25.	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)
Line from Schedule A/B: 40.1			
Brief description: Welljuvinate inventory 1 box of gloves, 1 package of alcohol wipes, 1 package of gauze squares, 1 box 0.3ml syringes	\$16.00	<input checked="" type="checkbox"/> \$16.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)
Line from Schedule A/B: 41			
Brief description: Coco's Delights-Cookies Inventory 10lb bag of Sugar, 10lb bag of Flour, 10lb bag of Powder Sugar, Food Coloring, Cookie cutters, Edible ink pens, Stencils, Icing tips	\$91.00	<input checked="" type="checkbox"/> \$91.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)
Line from Schedule A/B: 41			

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1	Cenlar Creditor's Name PO Box 77404 Number Street Trenton, NJ 08628 City State ZIP Code	Describe the property that secures the claim: Homestead 8418 Carrie Lane Rowlett, TX 75089	\$358,867.00	\$450,000.00	\$0.00
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p>					
<p>Last 4 digits of account number <u>2 7 0 0</u></p> <p>Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$358,867.00</u></p>					

Debtor 1
Debtor 2

Everett Charles Alexander
Emily Paige Alexander
First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.2 DCU	Describe the property that secures the claim: 2019 Ford Transit Last monthly payment due on 8/11/2025	\$16,992.00	\$16,506.00	\$486.00
Creditor's Name PO Box 9130 Number Street Marlborough, MA 01752-4708 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred 3/12/2020	Last 4 digits of account number 1 4 1 4			

Remarks: 57 months left on note

2.3 EECU	Describe the property that secures the claim: 2016 BMW 235i Last monthly payment is due on 4/24/2024	\$27,902.00	\$28,574.00	\$0.00
Creditor's Name PO Box 17777 Number Street Fort Worth, TX 76101 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred 10/10/2018	Last 4 digits of account number 0 4 9 3			

Remarks: 48 monthly payments left on note

Add the dollar value of your entries in Column A on this page. Write that number here:	\$44,894.00
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$403,761.00

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount

Priority Creditor's Name _____

Last 4 digits of account number _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Contingent
 Unliquidated
 Disputed

Is the claim subject to offset?

Type of PRIORITY unsecured claim:
 Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or person injury while you were intoxicated
 Other. Specify _____

No
 Yes

Debtor 1 **Everett** Charles Alexander
 Debtor 2 **Emily** Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	American Radiology Nonpriority Creditor's Name 712 N. Washington, Suite 101 Number Street Dallas, TX 75246 City State ZIP Code			\$531.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				Last 4 digits of account number <u>4035</u> When was the debt incurred? <u>2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.2	American Radiology Nonpriority Creditor's Name 712 N. Washington, Suite 101 Number Street Dallas, TX 75246 City State ZIP Code			\$123.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				Last 4 digits of account number _____ When was the debt incurred? <u>2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.3	BBVA Nonpriority Creditor's Name PO Box 192 Number Street Birmingham, AL 35201 City State ZIP Code			\$35,449.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Last 4 digits of account number <u>9430</u> When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Line of Credit
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.4	<p>CBS Corporate Nonpriority Creditor's Name <u>51 West 52nd</u> Number Street <u>New York, NY 10019</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>advertising</u></p>	\$60,580.00	
4.5	<p>Chase Nonpriority Creditor's Name <u>PO Box 15298</u> Number Street <u>Wilmington, DE 19850-5298</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7283</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	\$5,336.17	
4.6	<p>Chase Nonpriority Creditor's Name <u>PO Box 15298</u> Number Street <u>Wilmington, DE 19850-5298</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2320</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	\$2,254.00	

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.7	<p>Citi Advantage Nonpriority Creditor's Name PO Box 9001037 Number Street Louisville, KY 40209 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2276</u></p> <p>When was the debt incurred? <u>2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$62,841.31	
4.8	<p>Citi Advantage AA Nonpriority Creditor's Name PO Box 78045 Number Street Phoenix, AZ 85062 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1356</u></p> <p>When was the debt incurred? <u>2012</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$29,244.00	
4.9	<p>EIDL Loan Nonpriority Creditor's Name 14925 Kingsport Road Number Street Fort Worth, TX 76155 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7405</u></p> <p>When was the debt incurred? <u>06/01/2020</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt</p>	\$150,000.00	

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	<p>Home Depot/Citi Card Nonpriority Creditor's Name <u>PO Box 6497</u> Number Street <u>Sioux Falls, SD 57117-6497</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3386</u> \$800.51</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>
4.11	<p>Hunt Reginal Care Nonpriority Creditor's Name <u>PO Box 732651</u> Number Street <u>Dallas, TX 75373-2651</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7031</u> \$276.35</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>
4.12	<p>Insco Nonpriority Creditor's Name <u>3775 Marquis Dr. Ste. 101</u> Number Street <u>Garland, TX 75042</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0566</u> \$25,937.99</p> <p>When was the debt incurred? <u>03/28/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt</p>

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	<u>Juan Cabellos</u> Nonpriority Creditor's Name <u>c/o First Fidelity Real Estate Services</u> <u>2301 Forest Lane Suite 310</u> Number Street <u>Garland, TX 75042</u> City State ZIP Code			Last 4 digits of account number _____	\$48,000.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? <u>07/17/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Executory Contract					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.14	<u>Kenneth McClure</u> Nonpriority Creditor's Name <u>C/O Nelson Bumgardner Albritton P.C.</u> <u>204 N. Fredonia Street</u> Number Street <u>Longview, TX 75601</u> City State ZIP Code			Last 4 digits of account number _____	<u>unknown</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Remarks: Civil lawsuit alleging damages between \$100,000.00 and \$250,000.00					

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.15	<u>Methodist Health System</u> Nonpriority Creditor's Name <u>1441 N. Beckley Avenue</u> Number Street <u>Dallas, TX 75203</u> City State ZIP Code	Last 4 digits of account number <u>0221</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
		<u>\$24,054.77</u>
4.16	<u>Methodist Medical Group</u> Nonpriority Creditor's Name <u>PO Box 733540</u> Number Street <u>Dallas, TX 75237</u> City State ZIP Code	Last 4 digits of account number <u>3781</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
		<u>\$646.13</u>
4.17	<u>Mike Albert Leasing</u> Nonpriority Creditor's Name <u>PO Box 643220</u> Number Street <u>Cincinnati, OH 45264</u> City State ZIP Code	Last 4 digits of account number <u>0732</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Executory Contract</u>
		<u>\$133,552.84</u>

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.18	<u>NACM Southwest</u> Nonpriority Creditor's Name <u>751 Plaza Blvd.</u> Number Street <u>Coppell, TX 75019</u> City State ZIP Code			Last 4 digits of account number _____	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only					
4.19	<u>Old Navy</u> Nonpriority Creditor's Name <u>PO Box 530942</u> Number Street <u>Atlanta, GA 30353</u> City State ZIP Code			Last 4 digits of account number <u>8470</u>	<u>\$729.39</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card					
4.20	<u>Pence Media</u> Nonpriority Creditor's Name <u>2255 Ridge Rd.</u> Number Street <u>Rockwall, TX 75032</u> City State ZIP Code			Last 4 digits of account number _____	<u>\$20,212.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? <u>2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify advertising					

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.21	<p>St. Joseph Regional Nonpriority Creditor's Name <u>PO Box 679872</u> Number Street <u>Dallas, TX 75267</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1258</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$227.00
4.22	<p>St. Joseph Regional Nonpriority Creditor's Name <u>PO Box 679872</u> Number Street <u>Dallas, TX 75267</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1258</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$8,976.71
4.23	<p>Synchrony Bank Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 960061</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8490</u></p> <p>When was the debt incurred? <u>10/03/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$4,171.00

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.24	<u>TAMU Div. of Finance and Operations</u> Nonpriority Creditor's Name <u>General Services Complex/Suite 2801</u> <u>6001 TAMU</u> Number Street <u>College Station, TX 77843-6001</u> City State ZIP Code	Last 4 digits of account number <u>1593</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for</u>	<u>\$500.00</u>
4.25	<u>Texas Health Presbyterian Hospital</u> Nonpriority Creditor's Name <u>4515 N. Sante Fe Ave.</u> Number Street <u>Oklahoma City, OK 73118</u> City State ZIP Code	Last 4 digits of account number <u>_____</u> When was the debt incurred? <u>2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$4,575.05</u>
4.26	<u>Texas Health Presbyterian Hospital</u> Nonpriority Creditor's Name <u>PO Box 676882</u> Number Street <u>Dallas, TX 75267</u> City State ZIP Code	Last 4 digits of account number <u>0895</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$3,036.93</u>

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.27	<p>Texas Health Rockwall Nonpriority Creditor's Name <u>3150 Horizon Road Suite 131</u> Number Street <u>Rockwall, TX 75032</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$6,158.05
4.28	<p>Texas Medicine Resources Nonpriority Creditor's Name <u>PO Box 8549</u> Number Street <u>Fort Worth, TX 76124-0549</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9442</u></p> <p>When was the debt incurred? <u>2020</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$1,566.00
4.29	<p>Urology Clinics of North Texas Nonpriority Creditor's Name <u>Dept 1046, PO Box 650850</u> Number Street <u>Dallas, TX 75265</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$564.97

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.30	US Acute Care Solutions Nonpriority Creditor's Name <u>4535 Dressler Rd. NW</u> Number Street <u>Canton, OH 44718</u> City State ZIP Code			Last 4 digits of account number _____	\$985.00
				When was the debt incurred? <u>2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.31	US Anesthesia Partners of Texas Nonpriority Creditor's Name <u>PO Box 840855</u> Number Street <u>Dallas, TX 75284</u> City State ZIP Code			Last 4 digits of account number <u>5459</u>	\$1,268.46
				When was the debt incurred? <u>2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.32	Veritex Bank Nonpriority Creditor's Name <u>1001 Main Street</u> Number Street <u>Garland, TX 75040</u> City State ZIP Code			Last 4 digits of account number <u>6894</u>	\$24,687.00
				When was the debt incurred? <u>01/09/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debt</u>	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.33	<u>Veritex Bank</u> Nonpriority Creditor's Name <u>1001 Main Street</u> Number Street <u>Garland, TX 75040</u> City State ZIP Code			Last 4 digits of account number <u>6953</u>	\$149,067.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? <u>02/05/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Line of Credit					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.34	<u>Veritex Bank</u> Nonpriority Creditor's Name <u>1001 Main Street</u> Number Street <u>Garland, TX 75040</u> City State ZIP Code			Last 4 digits of account number <u>6540</u>	\$308,182.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			When was the debt incurred? <u>03/08/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - SBA Loan					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Remarks: SBA loan					

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.35	<u>Veritex Bank</u> Nonpriority Creditor's Name <u>1001 Main Street</u> Number Street <u>Garland, TX 75040</u> City State ZIP Code	Last 4 digits of account number <u>7940</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>overdraft</u>	\$65.45
4.36	<u>WFFA Corporate</u> Nonpriority Creditor's Name <u>606 Young Street</u> Number Street <u>Dallas, TX 75202</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>advertising</u>	\$50,536.00

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Capital Management Services, LP

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
698 1/2 South Ogden Street

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street
Buffalo, NY 14206-2317

Last 4 digits of account number 4023

City State ZIP Code

Colven, Tran, & Meredith, P.C.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
1401 Burnham Dr.

Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street
Plano, TX 75093

Last 4 digits of account number _____

City State ZIP Code

Colven, Tran, & Meredith, P.C.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
1401 Burnham Dr.

Line 4.33 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street
Plano, TX 75093

Last 4 digits of account number _____

City State ZIP Code

Colven, Tran, & Meredith, P.C.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
1401 Burnham Dr.

Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street
Plano, TX 75093

Last 4 digits of account number _____

City State ZIP Code

Szabo Associates

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
WFFA

Line 4.36 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street
3355 Lenox Rd. NE Suite 9945

Last 4 digits of account number _____

City State ZIP Code

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

Total claim		
6a. Domestic support obligations	6a.	\$0.00
6b. Taxes and certain other debts you owe the government	6b.	\$0.00
6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
6e. Total. Add lines 6a through 6d.	6e.	\$0.00

Total claims from Part 2

Total claim		
6f. Student loans	6f.	\$0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$1,165,135.08
6j. Total. Add lines 6f through 6i.	6j.	\$1,165,135.08

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)	<hr/>		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name _____

Number Street _____

City State ZIP Code _____

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 TXE Solutions, LLC

Name
8418 Carrie Lane
Number Street
Rowlett, TX 75089
City State ZIP Code

Schedule D, line _____

4.3, 4.5, 4.9,
4.12, 4.13, 4.17,

Schedule E/F, line 4.32, 4.33, 4.34

Schedule G, line 2.1, 2.2

3.2 TXE Solutions, LLC DBA Service City Electric

Name
8418 Carrie Lane
Number Street
Rowlett, TX 75089
City State ZIP Code

Schedule D, line _____

4.3, 4.5, 4.9,
4.12, 4.13, 4.17,

Schedule E/F, line 4.32, 4.33, 4.34

Schedule G, line 2.1, 2.2

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

	Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Include part time, seasonal, or self-employed work.	Occupation Sales Manager	PRN
Occupation may include student or homemaker, if it applies.	Employer's name Service Today	ParkHill Surgery Center
	Employer's address 490 Villaume Ave Number Street	7000 W Plano Pkwy., Number Street
	South Saint Paul, MN 55075 City State Zip Code	Plano, TX 75093 City State Zip Code
How long employed there?	3 months	3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$14,957.25 \$857.64

3. Estimate and list monthly overtime pay.

3. +\$0.00 +\$0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$14,957.25 \$857.64

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4. _____ \$14,957.25	\$857.64	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. _____ \$4,140.68	\$65.61	
5b. Mandatory contributions for retirement plans	5b. _____ \$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c. _____ \$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d. _____ \$0.00	\$0.00	
5e. Insurance	5e. _____ \$0.00	\$0.00	
5f. Domestic support obligations	5f. _____ \$0.00	\$0.00	
5g. Union dues	5g. _____ \$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. + _____ \$0.00	+ _____ \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. _____ \$4,140.68	\$65.61	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. _____ \$10,816.58	\$792.03	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. _____ \$0.00	(\$1,273.10)	
8b. Interest and dividends	8b. _____ \$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. _____ \$0.00	\$0.00	
8d. Unemployment compensation	8d. _____ \$0.00	\$0.00	
8e. Social Security	8e. _____ \$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. _____ \$0.00	\$0.00	
8g. Pension or retirement income	8g. _____ \$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. + _____ \$0.00	+ _____ \$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. _____ \$0.00	(\$1,273.10)	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. _____ \$10,816.58	+ _____ (\$481.07) = _____ \$10,335.51	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + _____ \$0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. _____ \$10,335.51		
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. _____ <input type="checkbox"/> Yes. Explain: _____		

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	Case number (if known) _____
	First Name	Middle Name	Last Name	

1. Employment information for Debtor 1

Occupation	<u>Electrician</u>		
Employer's name	<u>Dallas Service Today LLC</u>		
Employer's address	<u>490 Villaume Ave. Ste. 300</u> Number Street		
	<u>South Saint Paul, MN 55075-2581</u>		
	City	State	Zip Code
How long employed there?	<u>2 months</u>		

1. Employment information for Debtor 2 or non-filing spouse

Occupation	<u>owner</u>		
Employer's name	<u>Coco's Delights Cookie</u>		
Employer's address	<u>8418 Carrie Lane</u> Number Street		
	<u>Rowlett, TX 75089</u>		
	City	State	Zip Code
How long employed there?	<u>4 months</u>		
Occupation	<u>Owner</u>		
Employer's name	<u>Welljuvinate</u>		
Employer's address	<u>8418 Carrie Lane</u> Number Street		
	<u>Richardson, TX 75082</u>		
	City	State	Zip Code
How long employed there?	<u>5 months</u>		

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

8a. Attached Statement

d/b/a Coco's Delights Cookie Sales

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$400.00</u>
--------------------------	-----------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$0.00</u>
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$0.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$325.52</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$0.00</u>
12. Office Expenses and Supplies	<u>\$0.00</u>
13. Repairs and Maintenance	<u>\$0.00</u>
14. Vehicle Expenses	<u>\$0.00</u>
15. Travel and Entertainment	<u>\$0.00</u>
16. Equipment Rental and Leases	<u>\$0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>
18. Insurance	<u>\$0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	<u>\$0.00</u>
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	<u>\$0.00</u>
TOTAL OTHER EXPENSES	<u>\$0.00</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$325.52</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	<u>\$74.48</u>
--	----------------

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

8a. Attached Statement

d/b/a Welljuvinate

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	\$184.00
--------------------------	----------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	\$0.00
3. Net Employee Payroll (Other than debtor)	\$0.00
4. Payroll Taxes	\$0.00
5. Unemployment Taxes	\$0.00
6. Worker's Compensation	\$0.00
7. Other Taxes	\$0.00
8. Inventory Purchases (Including raw materials)	\$527.58
9. Purchase of Feed/Fertilizer/Seed/Spray	\$0.00
10. Rent (Other than debtor's principal residence)	\$0.00
11. Utilities	\$0.00
12. Office Expenses and Supplies	\$0.00
13. Repairs and Maintenance	\$0.00
14. Vehicle Expenses	\$0.00
15. Travel and Entertainment	\$0.00
16. Equipment Rental and Leases	\$0.00
17. Legal/Accounting/Other Professional Fees	\$1,004.00
18. Insurance	\$0.00
19. Employee Benefits (e.g., pension, medical, etc.)	\$0.00
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	\$0.00
TOTAL PAYMENTS TO SECURED CREDITORS	\$0.00
21. Other Expenses	\$0.00
TOTAL OTHER EXPENSES	\$0.00
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	\$1,531.58

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	(\$1,347.58)
--	--------------

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Child

Dependent's age

21 years

Does dependent live with you?

No. Yes.

Child

19 years

No. Yes.

Child

18 years

No. Yes.

No. Yes.

No. Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. _____ \$2,934.84

If not included in line 4:

4a. Real estate taxes

4a. _____ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. _____ \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. _____ \$200.00

4d. Homeowner's association or condominium dues

4d. _____ \$57.50

Debtor 1	Everett	Charles	Alexander	Case number (if known) _____
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. _____ \$0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$541.00
6b.	Water, sewer, garbage collection	6b. _____ \$169.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$765.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	Food and housekeeping supplies	7. _____ \$1,000.00
8.	Childcare and children's education costs	8. _____ \$300.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$350.00
10.	Personal care products and services	10. _____ \$150.00
11.	Medical and dental expenses	11. _____ \$100.00
12.	Transportation . Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$550.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$100.00
14.	Charitable contributions and religious donations	14. _____ \$500.00
15.	Insurance . Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$313.00
15b.	Health insurance	15b. _____ \$0.00
15c.	Vehicle insurance	15c. _____ \$580.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes . Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. _____ \$643.42
17b.	Car payments for Vehicle 2	17b. _____ \$309.99
17c.	Other. Specify: _____ Smile Direct-Dental	17c. _____ \$75.00
17d.	Other. Specify: _____	17d. _____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

Debtor 1
Debtor 2

Everett Emily	Charles Paige	Alexander Alexander
First Name	Middle Name	Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. + _____ \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. _____ \$9,638.75

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. _____ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. _____ \$9,638.75

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. _____ \$10,335.51

23b. Copy your monthly expenses from line 22c above.

23b. - _____ \$9,638.75

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. _____ \$696.76

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.
 Yes.

None

Debtor 1	<u>Everett</u>	<u>Charles</u>	<u>Alexander</u>	
Debtor 2	<u>Emily</u>	<u>Paige</u>	<u>Alexander</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	

Amount

9. Clothing, laundry, and dry cleaning

clothing	\$200.00
dry cleaning	\$150.00

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$450,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$54,789.22</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$504,789.22</u>

Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$403,761.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+ \$1,165,135.08</u>
Your total liabilities	
	<u>\$1,568,896.08</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$10,335.51</u>
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$9,638.75</u>

Debtor 1	Everett	Charles	Alexander	
Debtor 2	Emily	Paige	Alexander	Case number (if known) _____
	First Name	Middle Name	Last Name	

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +

9g. **Total**. Add lines 9a through 9f.

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Everett Charles Alexander
Everett Charles Alexander, Debtor 1

Date 02/12/2021
MM/ DD/ YYYY

X /s/ Emily Paige Alexander
Emily Paige Alexander, Debtor 2

Date 02/12/2021
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married

Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
City	State ZIP Code	City	State ZIP Code
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
City	State ZIP Code	City	State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income	Gross Income	Sources of income	Gross Income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$15,384.60 \$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$1,364.58
For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$11,538.46 \$121,022.95	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$1,155.00
For the calendar year before that: (January 1 to December 31, <u>2019</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$135,930.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$80,449.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income	Gross income from each source	Sources of income	Gross Income from each source
	Describe below.	(before deductions and exclusions)	Describe below.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY	IRA distribution Home refinance Milestone	\$12,821.00 \$24,666.00 \$86,845.95		
For the calendar year before that: (January 1 to December 31, <u>2019</u>) YYYY	Rental Income	\$13,700.00		

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Cenlar Creditor's Name	02/01/2021	\$8,804.52	<input checked="" type="checkbox"/> Mortgage
PO Box 77404 Number Street	01/01/2021		<input type="checkbox"/> Car
Trenton, NJ 08628 City State ZIP Code	12/01/2020		<input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name			
Number Street			
City State ZIP Code			

Debtor 1	Everett Emily	Charles Paige	Alexander Alexander	Case number (if known) _____
Debtor 2	First Name	Middle Name	Last Name	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name			
Number Street			
City	State	ZIP Code	

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title	Civil action regarding alleged negligence, breach of contract, etc.	County Court at Law No. 1, Ellis County, Texas Court Name	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	21-c-3006	Number Street	
		City	State ZIP Code

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Debtor 1
Debtor 2

Everett
Emily

Charles
Paige

Alexander
Alexander

First Name Middle Name Last Name

Case number (if known) _____

Creditor's Name _____

Number Street _____

City State ZIP Code _____

Describe the property	Date	Value of the property

Explain what happened

Property was repossessed.
 Property was foreclosed.
 Property was garnished.
 Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount taken

Creditor's Name _____

Number Street _____

City State ZIP Code _____

Last 4 digits of account number: XXXX-_____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Debtor 1
Debtor 2

Everett
Emily
First Name

Charles
Paige
Middle Name

Alexander
Alexander
Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ _____ _____	_____	_____	_____
Number Street _____ _____	_____	_____	_____
City State ZIP Code _____ _____	_____	_____	_____
Person's relationship to you _____	_____	_____	_____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Watermark Community Church Charity's Name _____ _____	Tithe _____	various times over last 24 months _____	\$14,709.00 _____
7540 LBJ Freeway Number Street _____	_____	_____	_____
Dallas, TX 75251 City State ZIP Code _____ _____	_____	_____	_____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
_____	_____	_____	_____

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
DeMarco Mitchell, PLLC		Attorney's Fee	2/10/2021	\$3,000.00
Person Who Was Paid				
1255 West 15th St., 805				
Number	Street			
Plano, TX 75075				
City	State	ZIP Code		
Email or website address				
Person Who Made the Payment, if Not You				
123 Credit Counselors, Inc		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
1000 NW 57th Ct. 860				
Number	Street			
Miami, FL 33126				
City	State	ZIP Code		
www.a123cc.org				
Email or website address				
Debtors				
Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				
City State ZIP Code				

Debtor 1	Everett Emily	Charles Paige	Alexander Alexander	Case number (if known) _____
Debtor 2	First Name	Middle Name	Last Name	

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Cedric de Rosso Person Who Received Transfer	House & lot located at 8447 Campanella Drive, Dallas, TX 75243 and more fully described as Hamilton Park, Lot 25, Block 22, an addition to the City of Dallas, Dallas County, Texas	Debtors received net proceeds of \$54,902.65 from the sale of this property and used the funds received to pay federal income tax obligations owed to the IRS for tax years 2016 and 2018.	3/31/2020
46 Rue Auguste Renoir Number Street	Final sale price was \$142,900.00. Market value of the property was believed to be approximately \$149,000.00 at time of sale.		
31200 Toulouse, City State ZIP Code			
Person's relationship to you			
No relation			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____	_____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Debtor 1
Debtor 2

Everett
Emily

Charles
Paige

Alexander
Alexander

First Name

Middle Name

Last Name

Case number (if known) _____

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Chase

Name of Financial Institution

XXXX- 8 1 6 0

Checking

Savings

Money market

Brokerage

Other _____

8/18/2020

\$0.00

P.O. Box 6294

Number Street

Carol Stream, IL 60197-6294

City State ZIP Code

Chase

Name of Financial Institution

XXXX- 7 7 6 0

Checking

Savings

Money market

Brokerage

Other _____

8/17/2020

\$0.00

P.O. Box 6294

Number Street

Carol Stream, IL 60197-6294

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name _____

No

Yes

Number Street

Number Street _____

City State ZIP Code

City State ZIP Code _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Debtor 1
Debtor 2

Everett Charles Alexander
Emily Paige Alexander

First Name Middle Name Last Name

Case number (if known) _____

Lakeside Storage
Name of Storage Facility
351 Elm Grove Rd.
Number Street
Rowlett, TX 75089
City State ZIP Code

Who else has or had access to it?
Name
Number Street
City State ZIP Code

Describe the contents

HVAC & Electrical supplies owned by TXE Solutions, LLC with estimated value of \$2,000.00. These assets are listed amongst the entity's assets as disclosed in the schedules as well.

Do you still have it?
 No
 Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?		Describe the property	Value
TXE Solutions, LLC, d/b/a Service City Electric Owner's Name 351 Elm Grove Road Number Street Rowlett, TX 75089 City State ZIP Code		HVAC & Electrical supplies owned by TXE Solutions, LLC with estimated value of \$2,000.00. Located at Lakeside storage facility.	_____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Debtor 1
Debtor 2

Everett
Emily

Charles
Paige

Alexander
Alexander

First Name

Middle Name

Alexander
Alexander

Last Name

Case number (if known) _____

Governmental unit			Environmental law, if you know it	Date of notice
Name of site			Governmental unit	
Number	Street	Number	Street	
		City	State	ZIP Code
		City	State	ZIP Code

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit			Environmental law, if you know it	Date of notice
Name of site			Governmental unit	
Number	Street	Number	Street	
		City	State	ZIP Code
		City	State	ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency		Nature of the case	Status of the case	
Case title	Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded	
Case number	Number	Street		
		City	State	ZIP Code

Debtor 1 Everett Charles Alexander
 Debtor 2 Emily Paige Alexander
 First Name Middle Name Last Name

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

<u>TXE Solutions, LLC DBA Service City</u> <u>Electric</u> <u>Name</u> <u>8418 Carrie Lane</u> <u>Number</u> <u>Street</u> <u>Rowlett, TX 75089</u> <u>City</u> <u>State</u> <u>ZIP Code</u>			Describe the nature of the business HVAC & Electrical	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>4</u> <u>6</u> - <u>1</u> <u>8</u> <u>6</u> <u>1</u> <u>1</u> <u>2</u> <u>2</u>
			Name of accountant or bookkeeper Smith Dunn & Co	Dates business existed From <u>2007</u> To <u>12/31/2020</u>
<u>Wow Home Services, LLC</u> <u>Name</u> <u>8418 Carrie Lane</u> <u>Number</u> <u>Street</u> <u>Rowlett, TX 75089</u> <u>City</u> <u>State</u> <u>ZIP Code</u>			Describe the nature of the business Electrical/HVAC - Entity has never operated	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>8</u> <u>4</u> - <u>5</u> <u>0</u> <u>7</u> <u>8</u> <u>6</u> <u>6</u> <u>8</u>
			Name of accountant or bookkeeper 	Dates business existed From <u>3/16/2020</u> To <u>present</u>
<u>d/b/a Coco's Delights Cookie Sales</u> <u>Name</u> <u>8418 Carrie Lane</u> <u>Number</u> <u>Street</u> <u>Rowlett, TX 75089</u> <u>City</u> <u>State</u> <u>ZIP Code</u>			Describe the nature of the business Sole proprietorship - Cookie sales from home	Employer Identification number Do not include Social Security number or ITIN. EIN: _____
			Name of accountant or bookkeeper 	Dates business existed From <u>10/2020</u> To <u>present</u>
<u>d/b/a Welljuvinate</u> <u>Name</u> <u>8418 Carrie Lane</u> <u>Number</u> <u>Street</u> <u>Rowlett, TX 75089</u> <u>City</u> <u>State</u> <u>ZIP Code</u>			Describe the nature of the business Sole proprietorship - Botox sales from home	Employer Identification number Do not include Social Security number or ITIN. EIN: _____
			Name of accountant or bookkeeper 	Dates business existed From <u>9/2020</u> To <u>present</u>

Debtor 1	Everett Emily	Charles Paige	Alexander Alexander	Case number (if known) _____
Debtor 2				
	First Name	Middle Name	Last Name	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Veritex Bank _____
Name _____ 1/2020
MM / DD / YYYY

1001 Main Street _____
Number Street _____

Garland, TX 75040 _____
City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Everett Charles Alexander
Signature of Everett Charles Alexander, Debtor 1

Date 02/12/2021

 /s/ Emily Paige Alexander
Signature of Emily Paige Alexander, Debtor 2

Date 02/12/2021

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	Cenlar	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	Homestead 8418 Carrie Lane Rowlett, TX 75089		
Creditor's name:	EECU	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	2016 BMW 235i Last monthly payment is due on 4/24/2024		

Debtor 1
Debtor 2

First Name	Everett Emily	Charles Paige	Alexander Alexander
Middle Name			Last Name

Case number (if known) _____

Additional Page for Part 1

Creditor's name: **DCU**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (*if known*) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Everett Charles Alexander
Signature of Debtor 1

X /s/ Emily Paige Alexander
Signature of Debtor 2

Date 02/12/2021
MM/ DD/ YYYY

Date 02/12/2021
MM/ DD/ YYYY

Fill in this information to identify your case:

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Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

 Check if this is an amended filing**Statement for Alexander, Everett Charles****Official Form 122A-1Supp****Statement of Exemption from Presumption of Abuse Under § 707(b)(2)****12/15**

File this supplement together with **Chapter 7 Statement of Your Current Monthly Income** (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.

I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

Fill in this information to identify your case:

Debtor 1	Everett First Name	Charles Middle Name	Alexander Last Name
Debtor 2 (Spouse, if filing)	Emily First Name	Paige Middle Name	Alexander Last Name
United States Bankruptcy Court for the: Eastern District of Texas			
Case number (if known) _____			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

 Check if this is an amended filing**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A).

For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
------------------------------------	---

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

_____	_____
-------	-------

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

_____	_____
-------	-------

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

_____	_____
-------	-------

5. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

Gross receipts (before all deductions) _____

Ordinary and necessary operating expenses _____

Net monthly income from a business, profession, or farm

_____	_____
_____	_____

Copy
here
→

_____	_____
-------	-------

6. Net income from rental and other real property

Debtor 1 Debtor 2

Gross receipts (before all deductions) _____

Ordinary and necessary operating expenses _____

Net monthly income from rental or other real property

_____	_____
_____	_____

Copy
here
→

_____	_____
-------	-------

7. Interest, dividends, and royalties

_____	_____
-------	-------

Everett
EmilyPaige
Alexander
First Name Middle Name Last NameColumn A
Debtor 1
Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you.....

For your spouse.....

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

+ _____ + _____ + _____
+ _____ + _____ + _____ = _____
Total current monthly income

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → _____

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. _____

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. _____

Fill in the number of people in your household. _____

Fill in the median family income for your state and size of household.....

13. _____

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Everett Charles Alexander

Signature of Debtor 1

Date 02/12/2021

MM/ DD/ YYYY

X /s/ Emily Paige Alexander

Signature of Debtor 2

Date 02/12/2021

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

In re: Alexander, Everett Charles (Debtor 1)
Alexander, Emily Paige (Debtor 2)

Case Number:

Chapter: 7

Alexander, Everett Charles (Debtor 1)

2021	Year-to-date Gross Income	Year-to-date Net
	\$15,384.60	\$11,333.77
Dallas Service Today LLC — Year-to-date Totals	\$15,384.60	\$11,333.77
Service Today — Year-to-date Totals	\$0.00	\$0.00
February	Month-to-date Gross Income	Month-to-date Net
	\$0.00	\$0.00

No Paychecks Found

January	January 2021 Gross Income	January 2021 Net
Dallas Service Today LLC — January Totals	\$15,384.60	\$11,333.77
Check Date — 1/15/2021		
Regular:	\$7,692.30	<u>Other Deductions:</u>
Total Earnings:	\$7,692.30	
Federal WH Tax	\$1,436.95	
Medicare Tax	\$111.54	
Social Security Tax	\$476.92	
Net Earnings:	\$5,666.89	
Check Date — 1/29/2021		
Regular:	\$7,692.30	<u>Other Deductions:</u>
Total Earnings:	\$7,692.30	
Federal WH Tax	\$1,436.95	
Medicare Tax	\$111.54	
Social Security Tax	\$476.93	
Net Earnings:	\$5,666.88	

Employer Totals for January

Dallas Service Today LLC		
Regular:	\$15,384.60	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$15,384.60	
Federal WH Tax	\$2,873.90	
Social Security Tax	\$953.85	
Medicare Tax	\$223.08	
Net Earnings:	\$11,333.77	

2020	2020 Gross Income	2020 Net
	\$23,076.92	\$15,786.46

Dallas Service Today LLC — 2020 Totals	\$11,538.46	\$7,893.23
Service Today — 2020 Totals	\$11,538.46	\$7,893.23
December	December 2020 Gross Income \$23,076.92	December 2020 Net \$15,786.46
Dallas Service Today LLC — December Totals	\$11,538.46	\$7,893.23
Check Date — 12/31/2020		
Regular:	\$11,538.46	<u>Other Deductions:</u>
Total Earnings:	\$11,538.46	
Federal WH Tax	\$2,762.54	
Medicare Tax	\$167.31	
Social Security Tax	\$715.38	
Net Earnings:	\$7,893.23	
Service Today — December Totals	\$11,538.46	\$7,893.23
Check Date — 12/31/2020		
Regular:	\$11,538.46	<u>Other Deductions:</u>
Total Earnings:	\$11,538.46	
Federal WH Tax	\$2,762.54	
Medicare Tax	\$167.31	
Social Security Tax	\$715.38	
Net Earnings:	\$7,893.23	
Employer Totals for December		
Dallas Service Today LLC		
Regular:	\$11,538.46	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$11,538.46	
Federal WH Tax	\$2,762.54	
Social Security Tax	\$715.38	
Medicare Tax	\$167.31	
Net Earnings:	\$7,893.23	
Service Today		
Regular:	\$11,538.46	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$11,538.46	
Federal WH Tax	\$2,762.54	
Social Security Tax	\$715.38	
Medicare Tax	\$167.31	
Net Earnings:	\$7,893.23	

Average Per Employer

Dallas Service Today LLC

Regular:	\$8,974.35	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$8,974.35	
Federal WH Tax	\$1,878.81	
Social Security Tax	\$556.41	
Medicare Tax	\$130.13	
Net Earnings:	\$6,409.00	

Service Today

Regular:	\$11,538.46	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$11,538.46	
Federal WH Tax	\$2,762.54	
Social Security Tax	\$715.38	
Medicare Tax	\$167.31	
Net Earnings:	\$7,893.23	

Average for All Paychecks

Dallas Service Today LLC & Service Today

Regular:	\$20,512.81	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$20,512.81	
Federal WH Tax	\$4,641.35	
Social Security Tax	\$1,271.79	
Medicare Tax	\$297.44	
Net Earnings:	\$14,302.23	

Alexander, Emily Paige (Debtor 2)

2021	Year-to-date Gross Income	Year-to-date Net
	\$747.08	\$689.93
February	Month-to-date Gross Income	Month-to-date Net
	\$0.00	\$0.00

No Paychecks Found

January	January 2021 Gross Income	January 2021 Net
	\$747.08	\$689.93

1/8/2021 — ParkHill Surgery Center

Regular:	\$478.04	<u>Other Deductions:</u>
Total Earnings:	\$478.04	
Medicare Tax	\$6.93	
Social Security Tax	\$29.64	
Net Earnings:	\$441.47	

1/22/2021 — ParkHill Surgery Center

Regular:	\$269.04	<u>Other Deductions:</u>
Total Earnings:	\$269.04	
Medicare Tax	\$3.90	
Social Security Tax	\$16.68	
Net Earnings:	\$248.46	

Total for January

ParkHill Surgery Center		
Regular:	\$747.08	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$747.08	
Social Security Tax	\$46.32	
Medicare Tax	\$10.83	
Net Earnings:	\$689.93	

2020	2020 Gross Income	2020 Net
	\$1,010.42	\$933.12

December	December 2020 Gross Income	December 2020 Net
	\$649.42	\$599.73

12/11/2020 — ParkHill Surgery Center

Regular:	\$161.50	<u>Other Deductions:</u>
Total Earnings:	\$161.50	
Medicare Tax	\$2.35	
Social Security Tax	\$10.02	
Net Earnings:	\$149.13	

12/24/2020 — ParkHill Surgery Center

Regular:	\$487.92	<u>Other Deductions:</u>
Total Earnings:	\$487.92	
Medicare Tax	\$7.07	
Social Security Tax	\$30.25	
Net Earnings:	\$450.60	

Total for December

ParkHill Surgery Center

Regular:	\$649.42	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$649.42	
Social Security Tax	\$40.27	
Medicare Tax	\$9.42	
Net Earnings:	\$599.73	

November

November 2020 Gross Income
\$361.00

November 2020 Net
\$333.39

11/27/2020 — ParkHill Surgery Center

Regular:	\$361.00	<u>Other Deductions:</u>
Total Earnings:	\$361.00	
Medicare Tax	\$5.23	
Social Security Tax	\$22.38	
Net Earnings:	\$333.39	

Total for November

ParkHill Surgery Center

Regular:	\$361.00	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$361.00	
Social Security Tax	\$22.38	
Medicare Tax	\$5.23	
Net Earnings:	\$333.39	

Average for All Paychecks

ParkHill Surgery Center

Regular:	\$351.50	<u>Other Deductions:</u>
Overtime:	\$0.00	
Total Earnings:	\$351.50	
Social Security Tax	\$21.79	
Medicare Tax	\$5.10	
Net Earnings:	\$324.61	

United States Bankruptcy Court
Eastern District of Texas

In re

Alexander, Everett Charles

Case No. _____

Alexander, Emily Paige

Chapter _____ 7 _____

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$3,000.00
Prior to the filing of this statement I have received	\$3,000.00
Balance Due	\$0.00

2. The source of the compensation to be paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/12/2021

Date

/s/ Michael S. Mitchell

Signature of Attorney

Michael S. Mitchell

Bar Number: 00788065

DeMarco Mitchell, PLLC

1255 West 15th St., 805

plano, TX 75075

Phone: (972) 578-1400

DeMarco Mitchell, PLLC

Name of law firm

Date: 2/12/2021

/s/ Everett Charles Alexander

Alexander, Everett Charles

/s/ Emily Paige Alexander

Alexander, Emily Paige

Fill in this information to identify your case:

Debtor 1	Everett	Charles	Alexander
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Emily	Paige	Alexander
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Texas		
Case number (if known)			

 Check if this is an amended filing**Statement for Alexander, Everett Charles****Official Form 122A-1Supp****Statement of Exemption from Presumption of Abuse Under § 707(b)(2)**

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).
 - No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
 - Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?
 - No. Go to line 3.
 - Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
 - No. Go to line 3.
 - Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. Are you or have you been a Reservist or member of the National Guard?

- No. Complete Form 122A-1. Do not submit this supplement.
- Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.

I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

American Radiology
712 N. Washington, Suite 101
Dallas, TX 75246

Attorney General of the
United States
Main Justice Bldg., Rm. 5111
10th & Constitution Ave. N.W.
Washington, DC 20503

BBVA
PO Box 192
Birmingham, AL 35201

Capital Management Services,
LP
698 1/2 South Ogden Street
Buffalo, NY 14206-2317

CBS Corporate
51 West 52nd
New York, NY 10019

Cenlar
PO Box 77404
Trenton, NJ 08628

Chase
PO Box 15298
Wilmington, DE 19850-5298

Citi Advantage
PO Box 9001037
Louisville, KY 40209

Citi Advantage AA
PO Box 78045
Phoenix, AZ 85062

Colven, Tran, & Meredith, P.C.
1401 Burnham Dr.
Plano, TX 75093

DCU
PO Box 9130
Marlborough, MA 01752-4708

EECU
PO Box 17777
Fort Worth, TX 76101

EIDL Loan
14925 Kingsport Road
Fort Worth, TX 76155

Home Depot/Citi Card
PO Box 6497
Sioux Falls, SD 57117-6497

Hunt Regional Care
PO Box 732651
Dallas, TX 75373-2651

Insco
3775 Marquis Dr. Ste. 101
Garland, TX 75042

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Juan Cabellos
c/o First Fidelity Real Estate Services
2301 Forest Lane Suite 310
Garland, TX 75042

Kenneth McClure
C/O Nelson Bumgardner Albritton P.C.
204 N. Fredonia Street
Longview, TX 75601

Methodist Health System
1441 N. Beckley Avenue
Dallas, TX 75203

Methodist Medical Group
PO Box 733540
Dallas, TX 75237

Mike Albert Leasing
PO Box 643220
Cincinnati, OH 45264

NACM Southwest
751 Plaza Blvd.
Coppell, TX 75019

Office of the Attorney
General
Bankruptcy-Collections Division
Po Box 12548
Austin, TX 78711-2548

Office of the United States
Trustee
110 N College Ave Ste 300
Tyler, TX 75702-7231

Old Navy
PO Box 530942
Atlanta, GA 30353

Pence Media
2255 Ridge Rd.
Rockwall, TX 75032

St. Joseph Regional
PO Box 679872
Dallas, TX 75267

Synchrony Bank
Attn: Bankruptcy
PO Box 960061
Orlando, FL 32896

Szabo Associates
WFFA
3355 Lenox Rd. NE Suite 9945
Atlanta, GA 30326

TAMU Div. of Finance and
Operations
General Services Complex/Suite 2801
6001 TAMU
College Station, TX 77843-6001

Texas Alcoholic Beverage
Commission
License and Permits Division
Po Box 13127
Austin, TX 78711-3127

Texas Comptroller of Public
Accounts
Bankruptcy Section
Po Box 13528
Austin, TX 78711-3528

Texas Health Presbyterian
Hospital
4515 N. Sante Fe Ave.
Oklahoma City, OK 73118

Texas Health Presbyterian
Hospital
PO Box 676882
Dallas, TX 75267

Texas Health Rockwall
3150 Horizon Road Suite 131
Rockwall, TX 75032

Texas Medicine Resources
PO Box 8549
Fort Worth, TX 76124-0549

Texas Workforce Commission
TEC Building - Bankruptcy
101 E 15th St
Austin, TX 78778-1442

TXE Solutions, LLC
8418 Carrie Lane
Rowlett, TX 75089

TXE Solutions, LLC DBA
Service City Electric
8418 Carrie Lane
Rowlett, TX 75089

U.S. Dept. of HUD
1600 Throckmorton St
Fort Worth, TX 76102-6600

U.S. Dept. of Veterans Affairs
Regional Office, Finance Section (24)
701 Clay Ave
Waco, TX 76799-0001

U.S. Small Business
Administration
4300 Amon Carter Blvd Suite 114
Fort Worth, TX 76155

United States Attorney
110 North College Ave. Ste. 700
Tyler, TX 75702-0204

Urology Clinics of North Texas
Dept 1046, PO Box 650850
Dallas, TX 75265

US Acute Care Solutions
4535 Dressler Rd. NW
Canton, OH 44718

US Anesthesia Partners of
Texas
PO Box 840855
Dallas, TX 75284

Veritex Bank
1001 Main Street
Garland, TX 75040

WFFA Corporate
606 Young Street
Dallas, TX 75202

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

IN RE: Alexander, Everett Charles
Alexander, Emily Paige

CASE NO
CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 02/12/2021 Signature /s/ Everett Charles Alexander
Everett Charles Alexander, Debtor

Date 02/12/2021 Signature /s/ Emily Paige Alexander
Emily Paige Alexander, Joint Debtor